

IN RE Gilmore, Melissa ReneeCase No. 11-60084

Debtor(s)

(If known)

**AMENDED SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home) \$ **600.00**

a. Are real estate taxes included? Yes        No ✓  
 b. Is property insurance included? Yes        No ✓

2. Utilities:

a. Electricity and heating fuel \$ **188.00**  
 b. Water and sewer \$  
 c. Telephone \$  
 d. Other Cable \$ **65.00**  
Cell Phone \$ **98.00**

3. Home maintenance (repairs and upkeep) \$

4. Food \$ **550.00**

5. Clothing \$ **50.00**

6. Laundry and dry cleaning \$ **40.00**

7. Medical and dental expenses \$ **25.00**

8. Transportation (not including car payments) \$ **200.00**

9. Recreation, clubs and entertainment, newspapers, magazines, etc. \$

10. Charitable contributions \$

11. Insurance (not deducted from wages or included in home mortgage payments)

a. Homeowner's or renter's \$  
 b. Life \$  
 c. Health \$  
 d. Auto \$ **104.00**  
 e. Other \$

12. Taxes (not deducted from wages or included in home mortgage payments)

(Specify) **Personal Property Tax** \$ **25.00**  
\$

13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)

a. Auto \$  
 b. Other \$

14. Alimony, maintenance, and support paid to others \$

15. Payments for support of additional dependents not living at your home \$

16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$

17. Other **Hair Care And Grooming** \$ **40.00**  
\$

**18. AVERAGE MONTHLY EXPENSES** (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

\$ **1,985.00**

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:  
**None**

**20. STATEMENT OF MONTHLY NET INCOME**

a. Average monthly income from Line 15 of Schedule I \$ **2,205.00**  
 b. Average monthly expenses from Line 18 above \$ **1,985.00**  
 c. Monthly net income (a. minus b.) \$ **220.00**